

# Disclosure Report Cover

Amendment  
 Yes  No

Use this form for general report and committee information, must be signed and submitted along with other detailed forms.  
 Do not use this form to update information

|  |   |   |                         |                          |
|--|---|---|-------------------------|--------------------------|
| <b>1. Committee Information</b>  |   |   |                         |                          |
| a. Full Name   |   |   | c. ID Number            |                          |
| COMMITTEE TO RE-ELECT STAVE HASMER   |   |   |                         |                          |
| b. Mailing Address (include City, State and Zip Code)  |   |   | d. Date Filed           |                          |
| 2318 KINGBIRD BEND, NC<br>BELAND, NC 28451   |   |   | 9/29/23                 |                          |
|  |   |   | e. Phone Number         |                          |
|  |   |   | 203<br>464-2046         |                          |
| 2. Report Year   | 3. Period Start Date (mm/dd/yy)         | 4. Period End Date (mm/dd/yy)   | 5. Treasurer Full Name  |                          |
| 2023   | 7/11/23                                 | 9/26/23   | JUDITH A. MACK          |                          |
| <b>6. Type of Committee (Check One)</b>  |   | <b>9. Type of Report (check only one type of report from one category)</b>  |                         |                          |
| <input checked="" type="checkbox"/> Candidate Campaign<br><input type="checkbox"/> PAC<br><input type="checkbox"/> Independent Expenditure<br><input type="checkbox"/> Legal Expense Fund<br><input type="checkbox"/> Party<br><input type="checkbox"/> Refundation<br><input type="checkbox"/> Joint Fundraiser   |   | <b>Municipal</b><br><input type="checkbox"/> Organizational<br><input type="checkbox"/> Thirty-five day<br><input type="checkbox"/> Pro-primary<br><input type="checkbox"/> Pro-election<br><input type="checkbox"/> Pro-staff<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special                            |                         |                          |
| <b>7. Type of Fund (if applicable, check one)</b><br><input type="checkbox"/> "Booster Fund"<br><input type="checkbox"/> Building Fund<br><input type="checkbox"/> Other:  |   | <b>State/County</b><br><input checked="" type="checkbox"/> Organizational<br><input type="checkbox"/> Quarterly<br><input type="checkbox"/> First<br><input type="checkbox"/> Second<br><input type="checkbox"/> Third<br><input type="checkbox"/> Fourth<br><input type="checkbox"/> Semi-annual<br><input type="checkbox"/> Mid Year<br><input type="checkbox"/> Year End<br><input type="checkbox"/> Final<br><input type="checkbox"/> Special |                         |                          |
| 8. Number of Fundraisers this Report   |   | 10. Special Report Name   |                         |                          |
| 0  |   |   |                         |                          |
| <b>11. Account Information</b>   |   | <b>11. Account Information</b>  |                         |                          |
| a. Financial Institution Full Name   |   | a. Financial Institution Full Name  |                         |                          |
| WOOD FOREST NATIONAL BANK  |   |   |                         |                          |
| b. Purpose   | c. Account Code                         | b. Purpose  | c. Account Code         |                          |
| COMMITTEE FUNDS  | 1                                       |   |                         |                          |
|  | d. Period Begin Balance                 |   | d. Period Begin Balance |                          |
|  | \$25.00                                 |   | \$                      |                          |
| <b>CERTIFICATION</b>   |   |   |                         |                          |
| I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B, & 22D-22M of Chapter 163 of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify that this report is complete, true and correct and that I have been trained by the NC State Board of Elections. |   |   |                         |                          |
| _____<br>JUDITH A. MACK<br>Printed Name of Signer  |   | _____<br>Judith A. Mack<br>Signature of Appointed Treasurer   |                         | _____<br>9-29-23<br>Date |
| <b>FOR OFFICE USE ONLY</b>   |   |   |                         |                          |
| Date Received:   | <b>RECEIVED</b>                         | Employee:   | <u>PAL</u>              |                          |
| Date Postmarked:   | <b>SEP 29 2023</b>                      | Employee:   | _____                   |                          |
| Date Scanned:  | <b>WINSTON-SALEM BOARD OF ELECTIONS</b> | Employee:   | _____                   |                          |
| Date Data Entered:   | _____                                   | Employee:   | _____                   |                          |
| <b>Delivery Method</b>   |   |   |                         |                          |
| <input type="checkbox"/> Normal Mail<br><input type="checkbox"/> Registered Mail<br><input checked="" type="checkbox"/> Hand Delivered<br><input type="checkbox"/> Electronically Filed<br><input type="checkbox"/> Signer has not received mandatory training   |   |   |                         |                          |
| <b>Please Note:</b> This form cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, custodian of books information, or account information.<br>You must amend the Statement of Organization (CRO-2100A-E) to make committee changes.  |   |   |                         |                          |

# Detailed Summary

Amendment

Yes  No

Use this form to summarize all disclosure reporting forms and to total monetary information

| 1. Committee Full Name (and Fund if applicable)                              | 2. Type of Report | 3. ID Number                |                           |
|--|-------------------|-----------------------------|---------------------------|
| COMMITTEE TO RE-ELECT STEVE HAS MER  | ORGANIZATIONAL    |                             |                           |
| Start of Election Cycle: January 1, 2013                                     |                   | Total this Reporting Period | Total this Election Cycle |
| 4) Cash on Hand at Start   |                   | \$ 0                        | \$ 0                      |
| <b>RECEIPTS</b>  |                   |                             |                           |
| 5) Aggregated Contributions from Individuals (CRO-1285)                      |                   | \$ 90.00                    | \$ 90.00                  |
| 6) Contributions from Individuals (CRO-1286)                                 |                   | \$ 1,600.00                 | \$ 1,600.00               |
| 7) Contributions from Political Party Committees (CRO-1287)                  |                   | \$                          | \$                        |
| 8) Contributions from Other Political Committees (CRO-1288)                  |                   | \$                          | \$                        |
| 9) Loan Proceeds (CRO-1410)  |                   | \$                          | \$                        |
| 10) Refunds/Reimbursements to the Committee (CRO-1349)                       |                   | \$                          | \$                        |
| 11) Other Receipt Sources  |                   |                             |                           |
| 11a) Interest on Bank Accounts (CRO-1259)                                    |                   | \$                          | \$                        |
| 11b) Contributions from Not-For-Profit Organizations (CRO-1258)              |                   | \$ .06                      | \$ .06                    |
| 11c) Outside Sources of Income (CRO-1259)                                    |                   | \$                          | \$                        |
| 11d) Legal Expense Fund - Other Sources (CRO-1270)                           |                   | \$                          | \$                        |
| 11e) Exempt Purchase Price Sales (CRO-1265)                                  |                   | \$                          | \$                        |
| 12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d and 11e) |                   | \$ 1,690.06                 | \$ 1,690.06               |
| <b>EXPENDITURES</b>  |                   |                             |                           |
| 13) Disbursements  |                   |                             |                           |
| 13a) Operating Expenditures (CRO-1310)                                       |                   | \$ 702.52                   | \$ 702.52                 |
| 13b) Contributions to Candidates/Political Committees (CRO-1310)             |                   | \$                          | \$                        |
| 13c) Coordinated Party Expenditures (CRO-1310)                               |                   | \$                          | \$                        |
| 14) Aggregated Non-Media Expenditures (CRO-1315)                             |                   | \$                          | \$                        |
| 15) Loan Repayments (CRO-1420)   |                   | \$                          | \$                        |
| 16) Refunds/Reimbursements from the Committee (CRO-1320)                     |                   | \$                          | \$                        |
| 17) In-Kind Contributions (CRO-1500)   |                   | \$                          | \$                        |
| 18) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16 and 17)          |                   | \$ 702.52                   | \$ 702.52                 |
| 19) Cash on Hand at End (Add lines 4 and 12 together, then subtract line 18) |                   | \$ 987.54                   | \$ 987.54                 |
| <b>ADDITIONAL INFORMATION</b>  |                   |                             |                           |
| 20) Non-Monetary Gifts Given to Other Committees (CRO-1330)                  |                   | \$                          |                           |
| 21) Outstanding Loans (incl. ones from other campaigns) (CRO-1430)           |                   | \$                          |                           |
| 22) Debts and Obligations owed by the Committee (CRO-1620)                   |                   | \$                          |                           |
| 23) Debts and Obligations owed to the Committee (CRO-1620)                   |                   | \$                          |                           |
| 24) Account Transfers Within the Committee (CRO-1720)                        |                   | \$                          |                           |
| 25) Administrative Support (CRO-1710)  |                   | \$                          | \$                        |
| 26) Forgiven Loans (CRO-1400)  |                   | \$                          | \$                        |
| 27) 48-Hour Notice Reports Sum (CRO-2220)                                    |                   | \$                          | \$                        |
| 28) Contributions to be Refunded (CRO-1215)                                  |                   | \$                          | \$                        |



# Contributions from Individuals

Amendment

Pg      of       Yes  No

Use this form to report individual contributions over \$50 or contributions under \$50 if form CRO 1205 is not used

|  |                        |                           |                               |  |                     |   |
|--|------------------------|---------------------------|-------------------------------|--|---------------------|---|
| <b>1. Committee Full Name (and Fund if applicable)</b>   |                        |                           |                               |  | <b>2. ID Number</b> |   |
| COMMITTEE TO RE-ELECT STEVE HASMER   |                        |                           |                               |  |                     |   |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |                     |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>                            |
| OLEAN WATER TEAM<br>2457 MERIDIAN RD, NE<br>LELAND, NC 28451                                   |                        |                           |                               |  |                     |   |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     |   |
|  |                        |                           |                               |  |                     | <b>e. Election Sum to Date</b><br>\$ 600.00   |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |   |
| <input type="checkbox"/>   | 1                      | CHECK                     |                               | 8/11/23                                  | \$ 600.00           |   |
| <input type="checkbox"/>   |                        |                           |                               |  | \$                  |   |
| <input type="checkbox"/>   |                        |                           |                               |  | \$                  |   |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |                     |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>                            |
| STEPHEN D. SALEED<br>7708 SIDBUCKY ROAD<br>WILMINGTON, NC 28411<br>(910) 520-4044              |                        |                           |                               | COO                                      |                     |   |
|  |                        |                           |                               | REAL ESTATE DEVELOPMENT                  |                     |   |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     |   |
|  |                        |                           |                               | RENAISSANCE LIFESTYLE, LLC               |                     | <b>e. Election Sum to Date</b><br>\$ 1,000.00 |
|  |                        |                           |                               | REAL ESTATE                              |                     |   |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |   |
| <input type="checkbox"/>   | 1                      | CHECK                     |                               | 9/13/23                                  | \$ 1,000.00         |   |
| <input type="checkbox"/>   |                        |                           |                               |  | \$                  |   |
| <input type="checkbox"/>   |                        |                           |                               |  | \$                  |   |
| <b>3. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove |                        |                           |                               |  |                     |   |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)               |                        |                           |                               | <b>b. Job Title/Profession</b>           |                     | <b>d. Comments</b>                            |
|  |                        |                           |                               |  |                     |   |
|  |                        |                           |                               | <b>c. Employer's Name/Specific Field</b> |                     |   |
|  |                        |                           |                               |  |                     | <b>e. Election Sum to Date</b><br>\$          |
| <b>f. Prior</b>  | <b>g. Account Code</b> | <b>h. Form of Payment</b> | <b>i. In-Kind Description</b> | <b>j. Date (mm/dd/yyyy)</b>              | <b>k. Amount</b>    |   |
| <input type="checkbox"/>   |                        |                           |                               |  | \$                  |   |
| <input type="checkbox"/>   |                        |                           |                               |  | \$                  |   |
| <input type="checkbox"/>   |                        |                           |                               |  | \$                  |   |
| <b>4. Total only this Page</b>   |                        |                           |                               |  | \$ 1,600.00         |   |
| <b>5. Total of ALL CRO-1210 Pages</b>  |                        |                           |                               |  | \$ 1,600.00         |   |
| <i>(This line must be on line 6 of Detailed Summary Page CRO-1100)</i>                         |                        |                           |                               |  |                     |   |

# Other Receipt Sources

Use this form to report income not reported on another form. i.e. interest income, not for profit contributions etc.

|   |                           |  |                                       |  |  |
|---|---------------------------|--|---------------------------------------|--|--|
| <b>1. Committee Full Name (and Fund if applicable)</b>  |                           |  |                                       | <b>2. ID Number</b>                                |  |
| COMMITTEE TO RE-ELECT STEVE HOLMER  |                           |  |                                       |  |  |
| <b>3. Type of Receipt Source</b> <i>(Please use separate CRO-1250 forms for each type of Receipt Source.)</i> |                           |  |                                       |  |  |
| <input checked="" type="checkbox"/> Interest  |                           | <input type="checkbox"/> Contributions from Not-for-Profit Organizations |                                       | <input type="checkbox"/> Outside Sources of Income |  |
| <b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                |                           |  |                                       |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |  | <b>b. Not-for-Profit Federal ID #</b> | <b>d. Comments</b>                                 |  |
| WOOD FOREST NATIONAL BANK<br>1114 NEW POINT BLVD<br>KELMD, NC 28451<br>1-877-968-7962                         |                           |  |                                       |  |  |
|   |                           |  | <b>c. Outside Source Explanation</b>  |  |  |
|   |                           |  | CHECKING ACCOUNT                      |  |  |
|   |                           |  |                                       | <b>e. Election Sum to Date</b>                     |  |
|   |                           |  |                                       | \$.06  |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>  | <b>i. Date (mm/dd/yyyy)</b>           | <b>j. Amount</b>                                   |  |
| 1   | CASH                      |  | 9/11/23                               | \$.01  |  |
| 1   | CASH                      |  | 9/24/23                               | \$.05  |  |
| <b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                |                           |  |                                       |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |  | <b>b. Not-for-Profit Federal ID #</b> | <b>d. Comments</b>                                 |  |
|   |                           |  |                                       |  |  |
|   |                           |  | <b>c. Outside Source Explanation</b>  |  |  |
|   |                           |  |                                       | <b>e. Election Sum to Date</b>                     |  |
|   |                           |  |                                       | \$   |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>  | <b>i. Date (mm/dd/yyyy)</b>           | <b>j. Amount</b>                                   |  |
|   |                           |  |                                       | \$   |  |
|   |                           |  |                                       | \$   |  |
| <b>4. Contributor Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove                |                           |  |                                       |  |  |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)                              |                           |  | <b>b. Not-for-Profit Federal ID #</b> | <b>d. Comments</b>                                 |  |
|   |                           |  |                                       |  |  |
|   |                           |  | <b>c. Outside Source Explanation</b>  |  |  |
|   |                           |  |                                       | <b>e. Election Sum to Date</b>                     |  |
|   |                           |  |                                       | \$   |  |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. In-Kind Description</b>  | <b>i. Date (mm/dd/yyyy)</b>           | <b>j. Amount</b>                                   |  |
|   |                           |  |                                       | \$   |  |
|   |                           |  |                                       | \$   |  |
| <b>5. Total only this Page</b>  |                           |  |                                       | \$ .06   |  |
| <b>6. Total of ALL CRO-1250 Pages</b>   |                           |  |                                       | \$ .06   |  |
| <i>(This line goes in line 11a of Detailed Summary Page CRO-1100 if Interest)</i>                             |                           |  |                                       |  |  |
| <i>(This line goes in line 11b of Detailed Summary Page CRO-1100 if Not-for-Profit Contribution)</i>          |                           |  |                                       |  |  |
| <i>(This line goes in line 11c of Detailed Summary Page CRO-1100 if Outside Sources of Income)</i>            |                           |  |                                       |  |  |

# Disbursements

Use this form to report expenditures from the committee for; operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|   |                           |                        |  |                                     |                                |
|---|---------------------------|------------------------|--|-------------------------------------|--------------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>COMMITTEE TO RE-ELECT STEVE HOSMER  |                           |                        |  |                                     | <b>2. ID Number</b>            |
| <b>3. Type of Disbursement (Please use separate CRO-1310 forms for each type of Disbursement)</b>   |                           |                        |  |                                     |                                |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures  |                           |                        |  |                                     |                                |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |  |                                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>             |
| SIGNS ON THE CHEAP, COM   |                           |                        |  |                                     |                                |
|   |                           |                        | <b>c. Level Registered (Specify)</b>   |                                     |                                |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | <b>e. Election Sum to Date</b> |
|   |                           |                        |  |                                     | \$ 456.04                      |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>                    | <b>k. Required Remarks</b>     |
| 1   | DEBIT CARD                | 0                      | 9/12/23  | \$456.04                            | PRINT MEDIA                    |
|   |                           |                        |  | \$                                  |                                |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |  |                                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>             |
| WSM DOWNARDS  |                           |                        |  |                                     |                                |
|   |                           |                        | <b>c. Level Registered (Specify)</b>   |                                     |                                |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | <b>e. Election Sum to Date</b> |
|   |                           |                        |  |                                     | \$                             |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>                    | <b>k. Required Remarks</b>     |
| 1   | DEBIT CARD                | 0                      | 9/15/23  | \$14.95                             | DOMAIN SUPPORT                 |
|   |                           |                        |  | \$                                  |                                |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove  |                           |                        |  |                                     |                                |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(include city, state, & zip)  |                           |                        | <b>b. Coordinated Committee Name</b>   |                                     | <b>d. Comments</b>             |
| GO PADDY, COM, LLC<br>2155 GODADDY WAY<br>TAMPA, AZ<br>85284<br>1-480-505-8877  |                           |                        |  |                                     |                                |
|   |                           |                        | <b>c. Level Registered (Specify)</b>   |                                     |                                |
|   |                           |                        | <input type="checkbox"/> Federal <input type="checkbox"/> County:<br><input type="checkbox"/> State <input type="checkbox"/> Municipality: |                                     | <b>e. Election Sum to Date</b> |
|   |                           |                        |  |                                     | \$                             |
| <b>f. Account Code</b>  | <b>g. Form of Payment</b> | <b>h. Purpose Code</b> | <b>i. Date (mm/dd/yyyy)</b>  | <b>j. Amount</b>                    | <b>k. Required Remarks</b>     |
| 1   | DEBIT CARD                | 0                      | 9/17/23  | \$83.88                             | WEBSITE SUPPORT                |
|   |                           |                        |  | \$                                  |                                |
| <b>5. Total only this Page</b>  |                           |                        |  |                                     | \$ 654.87                      |
| <b>6. Total of ALL CRO-1310 Pages</b><br>(This line goes in line 12a of Detailed Summary Page CRO-1300 if Operating Expenses)<br>(This line goes in line 12b of Detailed Summary Page CRO-1300 if Contrib to Candidates/Political Comm)<br>(This line goes in line 12c of Detailed Summary Page CRO-1300 if Coordinated Party Expenditures) |                           |                        |  |                                     | \$ 702.52                      |
| <b>7. Purpose Codes (List detailed expenditure code in (h.) above)</b>  |                           |                        |  |                                     |                                |
| A* - Media  |                           | B* - Printing          |  | C* - Fundraising                    |                                |
| E - Salaries  |                           | F* - Equipment         |  | G - Political Party                 |                                |
| I - Postage   |                           | J - Penalties          |  | K* - Office Expenses                |                                |
| O* - Other  |                           |                        |  | D - To Another Candidate            |                                |
|   |                           |                        |  | H* - Holding Public Office Expenses |                                |
|   |                           |                        |  | Q* - Donation to Legal Expense Fund |                                |
| * Codes require detailed explanation in required remarks field (k)  |                           |                        |  |                                     |                                |

# Disbursements

Page 2 of 2 Amendment  Yes  No

Use this form to report expenditures from the committee for: operating expenses, contributions to candidate/political committees and coordinated party expenditures.

|  |                           |  |                             |                                 |                            |
|--|---------------------------|--|-----------------------------|---------------------------------|----------------------------|
| <b>1. Committee Full Name (and Fund if applicable)</b><br>COMMITTEE TO RE-ELECT STAVE ROSNER   |                           |  |                             |                                 | <b>2. ID Number</b>        |
| <b>3. Type of Disbursement</b> (Please use separate CRD-1310 forms for each type of Disbursement)  |                           |  |                             |                                 |                            |
| <input checked="" type="checkbox"/> Operating Expenses <input type="checkbox"/> Contributions to Candidates/Political Committees <input type="checkbox"/> Coordinated Party Expenditures   |                           |  |                             |                                 |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |  |                             |                                 |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)   |                           | <b>b. Coordinated Committee Name</b>   |                             | <b>d. Comments</b>              |                            |
| NORTH CAROLINA CHAMBER OF COMMERCE<br>P.O. BOX 100<br>LELAND, NC 28451<br>910 283-0553   |                           |  |                             |                                 |                            |
|  |                           | <b>c. Level Registered (Specify)</b>   |                             | <b>e. Election Year to Date</b> |                            |
|  |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                             |                                 |                            |
|  |                           |  |                             | \$ 75.00                        |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>   | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                | <b>k. Required Remarks</b> |
| 1  | CHECK                     | 0  | 9/16/23                     | \$ 75.00                        | EXHIBITOR BOOTH FEE        |
|  |                           |  |                             | \$                              |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |  |                             |                                 |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)   |                           | <b>b. Coordinated Committee Name</b>   |                             | <b>d. Comments</b>              |                            |
| STAPLES<br>322 S. COLLEGE ROAD<br>WILMINGTON, NC 28403<br>(910) 313-0636   |                           |  |                             |                                 |                            |
|  |                           | <b>c. Level Registered (Specify)</b>   |                             | <b>e. Election Year to Date</b> |                            |
|  |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                             |                                 |                            |
|  |                           |  |                             | \$ 72.65                        |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>   | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                | <b>k. Required Remarks</b> |
| 1  | DEBIT CARD                | 0  | 9/22/23                     | \$ 72.65                        | PROCHURE PRINTING          |
|  |                           |  |                             | \$                              |                            |
| <b>4. Payee Information</b> <input type="checkbox"/> Add <input type="checkbox"/> Remove   |                           |  |                             |                                 |                            |
| <b>a. Full Name, Mailing Address &amp; Phone</b><br>(Include city, state, & zip)   |                           | <b>b. Coordinated Committee Name</b>   |                             | <b>d. Comments</b>              |                            |
|  |                           |  |                             |                                 |                            |
|  |                           | <b>c. Level Registered (Specify)</b>   |                             | <b>e. Election Year to Date</b> |                            |
|  |                           | <input type="checkbox"/> Federal <input type="checkbox"/> County<br><input type="checkbox"/> State <input type="checkbox"/> Municipality |                             |                                 |                            |
|  |                           |  |                             | \$                              |                            |
| <b>f. Account Code</b>   | <b>g. Form of Payment</b> | <b>h. Purpose Code</b>   | <b>i. Date (mm/dd/yyyy)</b> | <b>j. Amount</b>                | <b>k. Required Remarks</b> |
|  |                           |  |                             | \$                              |                            |
|  |                           |  |                             | \$                              |                            |
| <b>5. Total only this Page</b>   |                           |  |                             |                                 | \$ 147.65                  |
| <b>6. Total of ALL CRD-1310 Pages</b><br>(This line goes in the Box of Detailed Summary Page CRD-1310 of Operating Expenses)<br>(This line goes in the Box of Detailed Summary Page CRD-1310 of Contributions to Candidates/Political Committees)<br>(This line goes in the Box of Detailed Summary Page CRD-1310 of Coordinated Party Expenditures) |                           |  |                             |                                 | \$ 702.52                  |
| <b>7. Purpose Codes</b> (List detailed expenditure codes in (h.) above)  |                           |  |                             |                                 |                            |
| A* - Media   | B* - Printing             | C* - Fundraising   | D* - To Another Candidate   |                                 |                            |
| E - Salaries   | F - Entertainment         | G - Political Party  | H* - Other                  |                                 |                            |